**SR 963-78 Assignment #5 Proposal Defense**

**Data Collection Plan**

**Maria Cecilia Mohammed**

Below is my approved Data Collection Plan, as stated in these excerpts from Chapter 3 of my Proposal that was successfully defended on August 19, 2021.

Research was conducted in accordance with ethical standards as indicated in Standard 8: Research and Publication of the APA Code of Ethics, “Ethical Principles of Psychologists and Code of Conduct”, as well as in accordance with Christian ethics and research guidelines of Omega Graduate School. In compliance with the requirements of Omega Graduate School, this researcher has completed: 1) the training course on “Protecting Human Participants” by the National Institutes of Health (NIH) and received the certificate of completion, and 2) the Healthy Insurance Portability and Accountability Act (HIPAA) training and received the ProHIPAA certification card.

Prior to beginning recruitment for this research, approval from the Institutional Review Board (IRB) was obtained (Appendix B).

All participants in the WTR conferences and HB couples’ study groups were invited to participate in the research and were given the freedom to accept or decline, through the informed consent form. The purpose of the research was explained, together with its potential usefulness. They were assured that their responses would be kept in strict confidence. All other guidelines for ethical behavior in the conduct of a research project were followed.

Procedures for Gathering Data

Population

The population included couples in Trinidad and Tobago who were seriously dating, engaged to be married, married, cohabiting, or in a visiting relationship, and who were interested in participation in some type of marriage preparation or marriage education.

The Sample

The population sample included all couples in Trinidad and Tobago who attended a WTR marriage conference or a HB couples’ study group or both. These couples self-selected themselves into the sample of the study by registering for the WTR or the HB. The estimated size of the population (persons who were currently married or in a union in Trinidad and Tobago in 2021, and who may be interested in marriage education) was 192,000 persons (or 96,000 couples). Using a sample size calculator from Survey Systems (Creative Research Systems, n.d.), with a confidence level of 95% and a confidence interval of 5, the sample size used was 384 persons (or 192 couples).

Data Collection

All participants in the WTR or HB were invited to respond to the CSI questionnaire before the intervention, and after the intervention. The data collected and analyzed for this study was composed of the CSI questionnaires that were submitted by participants who attended the WTR or HB or both. Only the CSI questionnaire responses that were verified to be complete (all 32 questions were answered) were included in the study. The questionnaire was made available to participants in both printed and electronic form, using the survey website Alchemer, formerly known as Survey Gizmo. Each questionnaire was numbered with a response identifier that followed the format XXXM or XXXW (where XXX was a 3-digit number between 001 and 999, and M was used for men, W for women). All the couples who participated in the WTR and the HB were heterosexual couples. Dyadic responses were linked to each other through the response identifiers. Couples were given the same XXX number, with men given the M code at the end, and women given the W code at the end.

The CSI questionnaire was administered to all participants who had registered, before the WTR marriage conference started, and before the HB couples’ study group started. This was the pre-test measurement. The CSI was again administered to all participants who attended the WTR after the two-day marriage conference, and to all participants who attended the HB couples’ study group, after the seven weeks of the study, as the post-test measurement. Participants who attended the WTR and subsequently participated in a HB couples’ study group, were not administered another questionnaire in between the two programs, since the post-test questionnaire after the WTR also served as the pre-test questionnaire before the HB couples’ study group.

Further details regarding how I will conduct the study (Data Collection) – as explained during my Proposal Defense on August 19, 2021:

1. FLTT will send a “pre-notice letter” to inform registered participants that they will receive a request to help with research. It has been shown that this improves response rates by 3% to 6%. This letter also informs of a gift that will be sent (incentive) to each person who completes both the pre-test and post-test. All participants who complete both surveys will be entered into a draw for gift certificates to a FL W2R (incentives improve response rates by 4%).
2. From one week to one day before the W2R or HB, registered participants will be emailed the informed consent form and questionnaire link (pre-test). The link contains a header page with information about the research and ethical guidelines that will be followed. At face to face W2R or HB, participants who wish to fill out the pre-test on paper will be given time to do so before the program begins.
3. Two weeks after the W2R or HB is completed, participants will be emailed (or mailed with stamped return envelopes, if they so request) the questionnaire link again (post-test).
4. Since I am interested in doing a longitudinal study (with FamilyLife’s support), that may include an analysis of the dyadic data, couples are linked to each other by their unique identifier number XXXM (man) or XXXW (woman). A couple will have the same identifier number XXX, distinguished by M or W.
5. After each questionnaire link (pre-test or post-test) is sent, a thank you email is sent for completing the questionnaire, and if they had not completed it yet, a reminder to please do so.
6. Only responses from individuals who completed both the pre-test and the post-test will be included in the study.